



**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2013 - JUNE 30, 2014
Deadline: July 18, 2014**

1. DEPARTMENT INFORMATION:

Department: Health and Human Services Agency
Division/Unit: North County Regions - North Inland Public Health

2. VOLUNTEER PROGRAM BENEFITS:

a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc).

No. of Vol.	4 Hours	250	X	\$22.55	=	\$5,637.50
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Types of work performed by GENERAL VOLUNTEERS in this category:

Rodney does photography for special events and for clients in their homes. Julia worked with the Health Link Nurse to produce health education displays and to help develop teaching materials. She also help with organizational tasks. Yesenia help to develop educational materials, organize educational materials, translate, support the nurses in developing client retention materials, create craft kits for the nurses to use with their clients. Update teaching aids. Stock shelves, do inventory and other clerical duties. Kitty Roche is a volunteer with the SIDS program at NIPHC. She attends community forums and provides presentations to community members.

b. INSTITUTIONAL VOLUNTEERS (this section should include honor camp inmates, PIC/RETC, GAIN, etc.)

No. of Vol.	Hours		X	\$22.55	=	\$0.00
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.)

<u>Position</u>	<u>Hours</u>	<u>X</u>	<u>VCL</u>	<u>=</u>	<u>Dollar Benefit</u>
N/A					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00

No. of Vol.	Total Hours	0	Total Value =	\$0.00
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	No. of Volunteers	Hours	Dollar Benefit
2a.	4	250	\$5,637.50
2b.			
2c.			
2d.			

Total Vol.	4	Hours	250	Total Value =	\$5,637.50
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3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated:	N/A	Value:	
Item Donated:		Value:	
Item Donated:		Value:	
Item Donated:		Value:	
Item Donated:		Value:	

TOTAL VALUE =	\$0.00
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4. VOLUNTEER PROGRAM COSTS:

a. Cost of supervision of volunteers (total hours of direct supervision multiplied by the hourly rate of staff person (s) directly supervising program volunteers.)

Hours	15	X	Rate	\$44.66	=	\$669.90
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b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours		X	Rate		=	\$0.00
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c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

Item	Cost
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N/A

TOTAL OF OTHER PROGRAM COSTS

=

\$0.00

d. TOTAL OF VOLUNTEER PROGRAM COST
(add 4a, 4b, and 4c)

=

\$669.90

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)

\$5,637.50

b. Total of Donations to Volunteer Program, Item 3 (Page 2)

\$0.00

c. Subtract Total of Program Costs, Item 4d (Page 3)

\$669.90

TOTAL PROGRAM BENEFIT

\$4,967.60

6. RECRUITING:

Please describe your recruiting programs:

Interns from Cal State San Marcos and other nursing programs encourage their students to get extra hours towards their experience. North Inland Public Health Center often have multiple applicants.

7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2014-15:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Continue to accommodate volunteers at the Public Health Center in 2014-15 as needed.

9. **GENERAL INFORMATION:**

Name of person completing report: Deborah McIntosh

Phone: 760-740-4049 Mail Stop: N512 E-Mail: deborah.mcintosh@sdcounty.ca.gov

Volunteer Coordinator: Vicky Magsaysay

Phone: 760-740-4135 Mail Stop: N465 E-Mail: vicky.magsaysay@sdcounty.ca.gov

10. **DEPARTMENT CERTIFICATION:**



DEPARTMENT HEAD SIGNATURE
CHUCK MATTHEWS, DEPUTY DIRECTOR
NORTH COUNTY REGIONS

7/15/14
DATE

